

Mental Health Transformation Council

MINUTES June 1, 2009

NEXT MEETING: June 29, 2009 2:00 to 4:15 Stanley Hall 100

Attendance

Membership: Michael Hartman, Beth Tanzman, Ed Paquin, Ken Libertooff, Larry Lewack, Jean New, David Gallagher, Nick Emlen (for Paul Dupre), Linda Corey, Kitty Gallagher, Leslee Tocci, Bill McMains, Taryn Moran

Guests and members of the public: Donna Jerry, David Fassler, Anne Donahue, Steven Morgan

Staff: Judy Rosenstreich, Norma Wasko

Participating in Today's Meeting

Vermont Protection and Advocacy
Another Way
State Standing Committee for Adult Mental Health
Vermont Psychiatric Survivors
National Alliance for Mental Illness-Vermont
Vermont Association for Mental Health
Otter Creek Associates
Counterpoint
Vermont Council of Developmental and Mental Health Services
CRT Council
Department of Mental Health
BISHCA
Vermont State Employees Association
Advocates and Consumers

Commissioner Updates

DMH has been able to retain Brian Smith's housing coordinator position, which also will be used to support VSH's ongoing need to track building modifications as they relate to compliance with CMS certification standards.

CMS accepted the plan of correction for VSH submitted by the Department of Mental Health, and will come back in the near future to confirm that these corrections have been made or are in progress. The survey for certification is a three-part process: first are the general standards for acute care hospitals, second are the standards specific to psychiatric hospitals, and third is the period of assurance that the standards are maintained. It may be

six months before the process is complete, possibly sooner. The Council asked if the plan of correction involves resuming use of the Treatment Mall. Although the treatment mall was not part of the current CMS inspection process as it had been closed, changes to the Treatment Mall are authorized in the Capital Bill. In addition, repairs to the porches to mitigate any danger, even with presence of staff, will mean the closing off of porches on an interim basis. The Council expressed concern about patient access to the porches for fresh air and accommodation to smokers.

This summer DMH is beginning a new round of agency designation reviews and each review will take 12 to 18 months to complete. Changes in the process will let agency staff know ahead of time some of the questions to anticipate. Another goal is to bring about more consistency in the review of adult and children's mental health programs. The Vermont Council would like the opportunity to give their input to the designation process, and this will be done. Questions and suggestions from the Council included a consumer focus group as part of the designation process, and a consumer survey, which Michael will clarify for the next Council meeting.

As the Transformation Council enters its third year, Michael asked everyone to suggest individuals who he could bring on to the Council.

Futures Project

Updating the Council on the inpatient planning for VSH bed replacement, Michael outlined the interest expressed by other hospitals in addition to Rutland Regional Medical Center (RRMC) with whom DMH has been actively working. The Brattleboro Retreat recently proposed a 16-bed 'hospital within a hospital,' a model that may potentially allow for an inpatient psychiatric facility that would not be considered an Institution for Mental Disease (IMD). Springfield Hospital has expressed interest in establishing a facility, but has not submitted a written proposal to date. Communication with the executive director of the Northeastern Vermont Hospital in St. Johnsbury indicates that they are not in a position to admit VSH-level patients into their hospital. The Council supported DMH looking to hospitals around the state.

Beth updated the Council on the staff-secure Meadowview program, which has been granted a Certificate of Approval (COA) from DMH. The Council asked how the staff will be trained for recovery, how the program will be accountable qualitatively, and how to make this happen. Members have heard positive reports from residents' experiences at Second Spring, also understanding that transition to the community is very challenging. Council input also suggested misunderstandings among some VSH patients about Second Spring being a "step-down" facility, interpreted as a downward transition. Another suggestion was to open Second Spring to non-VSH referrals on the basis that it was not fair for people to have to reach higher acuity levels in order to access Second Spring. Michael responded that this is not realistic so long as the VSH census is high.

The Peer-Run Alternative Crisis Program will be on the June 29th Council agenda for a full discussion as the report from the program developer has just come in and the steering committee will meet June 4th to discuss it.

The Secure Recovery Residence (SRR) received legislative authorization and funding for detailed planning to include re-thinking the architectural vision and clinical program. To do this work, Beth sent out an invitation to stakeholders, listing a series of meetings with Architecture +, the consulting architects, and other meetings devoted to developing the recovery program, site selection, and schematic design review. Beth stressed importance of family and consumer participation in a process that will culminate in a design that will reflect our best thinking and creative input. Council members had questions about the State's contract with Architecture +, asking about the size of the contract, the firm's ability to think outside of the box, and whether the commitment is for the development and design phase or the actual building construction. Beth explained that the contract is with Buildings and General Services (BGS) and funded by the Capital Bill. Regulatory approval, capital funding, and a bid process will be needed for the construction phase. In response to Council questions, Beth stated that the SRR will be licensed as a residential facility and use qualified state workers.

The Care Management recommendations have been put into a 183-page final working draft report that will now serve as a starting point to work on several initiatives with a representative steering committee. Families, consumers, hospitals, and all groups are needed to provide DMH and the services system with recommended steps toward implementation. Beth urged Council members to go to the DMH website for the report and to let the department know what we should pay attention to.

PUBLIC COMMENT

Anne Donahue pointed out that an issue for the VSH porches is that for people restricted to the unit, the porches are their only outside access. Yet it is not clear how much outside time people get. Regarding the concept of a representative steering committee for care management, what is the representational process for consumers?

Notices

Gail Bluebird is not coming back to Vermont this summer as earlier thought but will meet here in the Fall.

The Transformation Council adjourned at 4:15 p.m.

SUBMITTED BY: Judy Rosenstreich
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